Contact Information

* Name of Board

Land Development Regulation

* Full Name John W. O'Connor

* Email

john@odcland.com

* Full Address 8875 NW 193RD ST, MICANOPY, FL 32667-7749 Micanopy Florida 32667

* Primary Phone (904) 813-1333

Work Phone (904) 215-7575

Marion County Board of County Commissioners Application for Appointment to Advisory Board

Occupation

Business Name

O'Connor Development Corporation

Full Address 1824 Town Center Boulevard, Suite 201 Fleming Island FL 32003

Occupation

Commercial Developer, semi-retired

Previous Occupation

* Registered Voter

Yes

* Have you ever been convicted of a felony?

MARION COUNTY BCC

JUL 29 2024

References

- 1. Full Name Chereese Stewart
- Full Address
 Houston Street
 Green Cove Springs FL 32043
- 1. Phone (904) 591-0325
- 2. Full Name Tracey Drake
- 2. Full Address 477 Houston Street Green Cove Springs FL 32043
- 2. Phone (904) 327-1943
- 3. Full Name Diane Hutchings
- 3. Full Address477 Houston StreetGreen Cove Springs FL 32043
- 3. Phone (904) 710-1469

Experience/Qualifications

Present/Previous employment relating to this advisory board:

Founder and owner of O'Connor Development Corporation, a commercial development organization, since 1981.

Present/Previous volunteer experience relating to this advisory board:

President of Town Center HOA, Secretary/Treasurer of Eagle Harbor HOA, Clay County Tax Adjustment Board, various positions including President of Clay County Cattlemen's Association

Special Qualifications

Over 50 years of experience in developing commercial shopping centers, office buildings, hotels, theatres, quick serve restaurants and various other free-standing commercial properties.

How much time do you have monthly to prepare for and attend board meetings?

3 days a week.

List all county and city boards (Marion County or elsewhere) on which you have previously served (include dates of service).

Tax Adjustment Board, Clay County, FL (appointed)

Submission

I authorize Marion County to contact my references and I understand that all statements made on this application may be verified by Marion County, including background checks. In addition, I understand that any misstatements or material omissions on my application may result in my removal from my appointed position.

By typing my name on this application, I accept it as my digital signature.

The applicant agrees to attend at least one (1) advisory board seminar within six (6) months from the date of his or her appointment.

- * Check Box List
- I have read and understand the submission requirements.
- * Digital Signature John W. O'Connor

MARION COUNTY BCC

JUL 2 9 2024